

# Project Summary Comprehensive Needs Assessment

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0505  
(exp. 3/31/2007)

**Public Reporting Burden** for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Chief Information Office, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0505), Washington, DC 20503. **Do not send this completed form to either of the above addresses.**

**Privacy Act Notice** – The United States Department of Housing and Urban Development (HUD) is authorized to collect this information by Title IV of the Housing and Community Development Act of 1992, as amended by the Multifamily Housing Property Disposition Reform of 1994, as amended by the Multifamily Housing property Disposition Reform of 1994 and Section 531 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1998, Public Law 105-65, 1988. The Comprehensive Needs Assessment is a description of current and future financial resources and needs of certain multifamily projects. The information provided on this form will enable the Department to assess the amounts of grant assistance. Failure to provide the information requested on this form will result in a delay or rejection of your receiving grant assistance. **Disclosure of this information is voluntary**

## Basic Identification

(Numbers at left and letters in column headings refer to form HUD 96002)

1	FHA/Project Number	
2	Project Name & Address	
5	Comprehensive Needs Assessment (CNA) Completed Date	
6	Assessor Name & Address	
9	Owner/Management Agent Name & Address	
10	Contact Name	
12	Section of the Act (includes purchase money mortgages)	
13	Enter a number 1=FHA-insured 2=Hud held 3=State agency	
14	Enter a number 1=Elderly 2=Family 3=Other	

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16	Date of mortgage maturity		
17	Mortgage unpaid principal balance		
18	Reserve fund for replacements balance		
19	Residual Receipts Balance		
25	Total rent-subsidized units		
26	Non rent-subsidized units		
27	Total units		
28	Vacant units		
29	Households surveyed		
30	Households responded		
<b>Assessment Needs</b>		<b>C</b> Total Year 1	<b>D</b> Total Years 2 thru 8
36	Total environmental		
58	Total exterior		
76	Total interior		
83	Total commercial		
84	Section 3 Compliance in addition to above		
85	Section 504 in addition to above		
86	Supportive Services		
87	Drug Prevention		
88	Crime Prevention		
89	Personnel Needs		
90	Modernization Needs		
92	Total Assessment Needs		
<b>Resources</b>		<b>I</b> As of CNA Date	<b>J</b> Future Resources
93	Flexible Subsidy Operating Assistance		
94	Flexible Subsidy CILP Loan		
95	Section 241 Loan		
96	Loan Mgmt. Set Aside (5 Yr. Contract)		
97	Section 223(a)(7)		
98	Low Income Housing Tax Credits		
99	Debt Restructuring		
100	Owner contributions through TPA (Transfer of Physical Assets)		

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101	Owner Contributions (excluding TPA)		
102	Private Contributions		
103	HOME Funds		
104	CDBG Funds		
105	State/Local Funds		
106	Secondary Loans		
107	Rent Increase (yr. 1 only)		
108	Other Assistance (explain)		
109	Total Resources		
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. <b>Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; U.S.C. 3729, 3802)</b>			
Assessor's Name (Please type or print)			
Title (Please type or print)			
Signature			
Date:			